

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10/072703** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		1						
2							52		1						
3							53		1						
4							54		1						
5							55		1						
6							56		1						
7							57		1						
8							58		1						
9							59		1						
10							60		1						
11							61		1						
12							62	1							
13							63		1						
14							64		1						
15							65		1						
16							66		1						
17							67		1						
18							68		1						
19							69		1						
20							70		1						
21							71		1						
22							72		1						
23	1						73		1						
24							74		1						
25							75		1						
26							76		1						
27							77		1						
28							78		1						
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44	1						94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND	3						TOTAL IND	1							
TOTAL DEP	46						TOTAL DEP	27							
TOTAL CLAIMS	49						TOTAL CLAIMS	28							

28  
77/4